

# A Guide to Prenatal Family Care Planning



A CAPTA/CARA plan of safe care designed for pregnant parents with substance use disorders to ensure they receive quality, coordinated care during the pregnancy and birth event. After the birth event, the plan will transition to the Infant Care Plan. The general purpose of this plan is to increase collaboration amongst providers serving the same families and to help the families understand and take control of care for themselves, their children, and their families.

A document is just a document, so the pieces of paper are not what is most important. This document should be viewed as a **tool** to help guide you in engaging with a family. It is a working, living document and will require regular updates as things change in the plan.

**Plan Holder Agency = Agency responsible for the creating, updating, and managing the Prenatal Family Care Plan & coordinating with other involved providers.**

*Generally, the plan holder agency will be the agency who first identifies the family. Some circumstances may necessitate a change in the plan holder agency and should be negotiated with all shared providers.*

## Family Engagement Tips

- Use a non-judgmental, motivational interview approach to all interactions
- Take your time on the document—only do as much as the person can manage in one session.
- The most important thing is that the family understands their care and services and is offered services, resources, and information that they feel is important for them.
- One size does not fit all.
- Some parents won't be ready to change—that's okay. Be there for them when they are ready. Trusting, safe relationships help people think about change and find the internal motivation for change themselves.
- This document is meant to facilitate engagement. It should never be completed alone by staff.
- Allow the family ownership of their own plan. Consider having the parent fill it out themselves with your guidance when needed.
- When barriers to needed services arise, take the time to help the family navigate through them.
- If the family does not want to share certain information, that's okay. Skip that section and move on to the next. Perhaps it can be talked about later as you develop rapport.

## Mother & Father's Care Plans

This document is made to be customized to the parent and family. Please only complete those sections that apply to the family. Sections can be collapsed if they do not apply. Also, this is a family and person-centered form. If a parent does not want to share data or information with other providers, this document is not intended to force information sharing. Instead, it is a tool to help those interested in maximizing their services and avoid having to re-share information over and over. All information sharing will still require releases of information to meet HIPPA and 42-CFR guidelines per involved agencies set guidelines.

Also, think about the information that will help improve the process for the family should a child welfare investigation occur. Information about when a provider, support person, or collateral contact can be reached, as well as numerous methods of contact (email, phone, cell, etc) can also be helpful.

### Notes/Comments Sections:

Please think about these sections as a place to help improve coordination of care. A busy provider may want to quickly jot something down on the paper form during a visit/session, and that information can then be incorporated into an updated version of the plan. Think of this as a living document.

## Living Arrangements

### Primary Living Arrangement

- ☐ Own ☐ Rent ☐ Family  
☐ Friend ☐ Homeless ☐ Other

### Home Address

### Why should I ask about this?

It's important to assess the overall wellbeing of the family, and lack of a safe place to live can make it difficult to address other needs, like substance use, history of trauma, or unhealthy relationships. It's also critical to find services as near to the family home as possible to increase likelihood to engage in those services and decrease issues related to transportation. Living with family or friends may or may not be safe and must be assessed individually. If a need is identified here, be sure that either you or someone else working with the family has a focus on identifying resources and overcoming barriers to safe housing. Understand that housing barriers can take time to resolve.

### Tips/Tricks

- Housing resources are scarce, and barriers can take time to resolve.
- There are no easy answers to housing resources.
- Lack of safe housing could have an impact on the person's ability to make more healthy choices.

## Insurance

### Plan Type

- ☐ Private ☐ Medicaid/AHCCCS  
☐ Emergency AHCCCS ☐ TRICARE  
☐ Other

### Plan Name

### Why should I ask about this?

It may be helpful to coordinate with the insurance plan, especially for AHCCCS plans. They often have care coordinators who can help navigate the insurance plan and have access to resources.

## Physical Health Care

|                                   |  |   |   |
|-----------------------------------|--|---|---|
| <b>Due Date</b>                   |  | <b>Prenatal Care Started</b>                                      |   |
| <b>Obstetrician Name</b>          |  | <b>Clinic Name, Address &amp; Phone</b>                           |   |
| <b>Prenatal Care Visit Dates</b>  |  | <b>Postpartum Appointment Date</b>                                |   |
| <b>Selected Birthing Hospital</b> |  | <b>Birth &amp; Breastfeeding Plan</b> ( <i>attach</i> )           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>Prenatal Complications</b>     | <input type="checkbox"/> Gestational Diabetes<br><input type="checkbox"/> Type I Diabetes<br><input type="checkbox"/> Multiple Birth (twins, triplets)<br><input type="checkbox"/> Pregnancy less than 18 months after previous delivery<br><input type="checkbox"/> Other | <b>Would you like to have another baby in the next 12 months?</b> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

### Why should I ask about this?

It's important to engage the parent into prenatal care as early in the pregnancy as possible. Asking these questions is an opportunity to engage the parent into the discussion about what care is already in place. If prenatal care is already in place, begin coordinating care with the provider. If possible, invite them to participate in a staffing or to provide input in writing.

### Tips/Tricks

- Having clear birth and breastfeeding plans prior to the birth event will help decrease stress for the parent.
- Parents taking medication assisted treatment may need to provide information about breastfeeding best practices at the hospital.
- Future family planning is best completed during pregnancy, and sometimes birth control can be administered at the hospital if the plan is discussed in advance.
- Obtain the woman's "best guess" if she is not certain when she started prenatal care. This question is when the first visit with a health care provider as opposed to when she had a pregnancy test to confirm she was pregnant.

## Substance Use Screening

|                         |   |                        |   |
|-------------------------|---|------------------------|---|
| <b>Screen Date</b>      |   | <b>Screen Type</b>     | <input type="checkbox"/> Verbal/Written <input type="checkbox"/> Urine <input type="checkbox"/> Blood <input type="checkbox"/> Other  |
| <b>Date of Last Use</b> |   | <b>Substances Used</b> | <input type="checkbox"/> Alcohol <input type="checkbox"/> Tobacco/Nicotine <input type="checkbox"/> Marijuana <input type="checkbox"/> Opioids<br><input type="checkbox"/> Methamphetamine <input type="checkbox"/> Cocaine <input type="checkbox"/> Other    |
| <b>Referrals Needed</b> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>Referrals Made</b>  | <input type="checkbox"/> Substance Use Disorder Treatment <input type="checkbox"/> Support Groups<br><input type="checkbox"/> Medication Assisted Treatment <input type="checkbox"/> ASHline <input type="checkbox"/> OARS<br><input type="checkbox"/> Other: |

### Why should I ask about this?

How do we know the mother is using or has a high risk of use? It's important to be clear what information we have and where we obtained the information to ensure it is accurate. Responses to these questions provide important clinical information for care planning and coordination. Before you begin asking for information on substance use, explain that the information will assist the two of you to plan for having the healthiest child possible and that you and she will jointly decide how to use the information. If treatment is already in place, obtain a release of information to begin coordinating care with the provider, if possible invite them to participate in a staffing or to provide input in writing.

A negative drug screen doesn't necessarily mean there is no use, so be careful to avoid using drug testing as the only indicator of substance use. Building rapport is critical in allowing the person to feel safe to talk with you. If substance use is disclosed, be very mindful of your response. A negative or judgmental reaction may lead to the person shutting down versus feeling supported to get help. Also, if a disclosure is made, it is paramount that connection to services are made and not just referred. Follow-up with the provider and the patient to ensure services are engaged and working to meet the families needs.

### Tips/Tricks

- Prepare yourself for disclosure of substance use and respond calmly with "thank you for telling me that. I'm concerned that continued substance use could effect you and the baby. Would you be open to exploring resources that may help you?"
- Once rapport is established, ask every client you serve about substance use. There are numerous validated screens that can be used. Work with your agency to select one if there isn't an established protocol for this.
- You may need to assist the person to recall information about when they last used. Help her to think of something that was happening in her life and then consider the question "how much time since a specific life event?"

## Substance Use Disorder Treatment

|  |   |   |
|--|---|---|
| <b>Provider Name</b>                   | <b>Assigned Clinic Name,<br/>Address &amp; Phone</b>      |   |
| <b>Assessment Date</b>                 | <b>ASAM Level of Care</b>                                 | <input type="checkbox"/> Standard Outpatient<br><input type="checkbox"/> Intensive Outpatient<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Other |
| <b>Clinician Name</b>                  | <b>Contact Information &amp;<br/>Best Time to Contact</b> |   |
| <b>Treatment Start<br/>Date</b>        | <b>Treatment End Date</b>                                 |   |
| <b>Treatment<br/>Days/Times</b>        | <b>Relapse Prevention<br/>Plan Developed<br/>(attach)</b> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| <b>Recovery Support<br/>Group Name</b> | <b>Sponsor</b>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |

### Why should I ask about this?

Treatment is a tool to help people make healthier choices for themselves and to bring awareness to their triggers. It's a very important service to connect pregnant women with as early as possible in the pregnancy to support them in reducing and/or stopping substance use. Every person is different, and treatment is not "one size fits all." Some people may need to be referred to more than one provider to find the right fit for them. Ask about the person's history in treatment, including what may have worked in past treatment episodes or what did not work. Help them find care that fits their needs (i.e. one patient may only want to work with a woman clinician while another may only want group sessions versus individual sessions).

### Tips/Tricks

- It may take more than one referral to find the right service.
- Location and transportation are very important to consider when selecting a provider—make sure to discuss and brainstorm options with the person before making a referral to a service provider.
- Ask about personal preference and history in treatment to find the best fit.
- Some providers may have waiting lists, so you may need to explore multiple agencies.
- If services are already in place, ask the patient how the services are going.
- If services are already in place, encourage coordination of care and any needed releases of information to be signed.
- Be transparent about what information will be shared and why.
- Support the parent in requesting records for their care binder. These records will be critical in the event of a child welfare investigation. Because records requests can take some time, try to support the parent in navigating the request earlier enough in the pregnancy to allow time to get the records before the birth event, if it all possible.

## Opioid Use Disorder/Medication Assisted Treatment

|   |   |
|---|---|
| <b>Provider Name</b>                        | <b>Assigned Clinic Name,<br/>Address &amp; Phone</b>      |
| <b>Prescriber Name</b>                      | <b>Contact Information &amp;<br/>Best Time to Contact</b> |
| <b>Treatment Start<br/>Date</b>             | <b>Treatment End Date</b>                                 |
| <b>Clinician Name</b>                       | <b>Frequency of Sessions</b>                              |
| <b>Neonatal Nurse<br/>Practitioner Name</b> | <b>Contact Information &amp;<br/>Best Time to Contact</b> |

### Why should I ask about this?

If opiate use was identified in the substance use screening section, begin asking the patient to consider medication assisted treatment (MAT). MAT is the recommended standard of care for pregnant women with opioid use disorder. If MAT treatment has already begun, ask the patient if she would be willing to sign a release of information so care can be coordinated.

### Tips/Tricks

- If opiate use or medication assisted treatment does not apply, collapse this section or delete it from the document.
- If services are already in place, encourage coordination of care and any needed releases of information to be signed.
- Be transparent about what information will be shared and why.

## Behavioral Health Treatment

|  |   |
|--|---|
| <b>Provider Name</b>                   | <b>Assigned Clinic Name,<br/>Address &amp; Phone</b>      |
| <b>Assessment Date</b>                 | <b>Diagnosis/Treatment<br/>Recommendations</b>            |
| <b>Clinician/Case<br/>Manager Name</b> | <b>Contact Information &amp;<br/>Best Time to Contact</b> |
| <b>Treatment Type</b>                  | <b>Treatment Frequency<br/>&amp; Day/Time</b>             |
| <b>Treatment Start<br/>Date</b>        | <b>Treatment End Date</b>                                 |

### Why should I ask about this?

Responses to these questions provide important clinical information for care planning and coordination. Before you begin asking for information on behavioral health, explain that the information will assist the two of you to plan for having the healthiest child possible, and that you and she will jointly decide how to use the information. If treatment is already in place, obtain a release of information to begin coordinating care with the provider, if possible invite them to participate in a staffing or to provide input in writing.

### Tips/Tricks

- Ask the client if he/she has ever been diagnosed by a health care provider with depression, bipolar disorder, schizophrenia or other condition.
- If screenings are completed by plan holder (such as PHQ-9, GAD-7, EPDS, etc.) please enter the scores in the Notes/Comments section.

## Pregnancy & Child Development Supportive Community Services

|   |   |
|---|---|
| <b>Provider Name</b>                      | <b>Referral Date</b>                                  |
| <b>Services Start Date</b>                | <b>Services End Date</b>                              |
| <b>Home Visitor/Care Coordinator Name</b> | <b>Contact Information &amp; Best Time to Contact</b> |

### Why should I ask about this?

Home visiting/child development services provide prenatal support to the family. This service can continue after the child is born, many going until the child is 2 to 5 years old. If the family is already connected with home visiting, discuss coordination of care and releases of information to avoid duplication amongst service providers.

### Tips/Tricks

- Avoid calling these services “home visiting” at least during the introduction to the family. Instead frame it as pregnancy and child development services that can meet in the community or even in your home.

## Mother & Father’s Informal Supports

|   |  |
|---|--|
| <b>Supportive Adult</b><br><i>Name &amp; Relationship</i> | <b>Address, Contact Information &amp; Best Time to Contact</b> |
| <b>Supportive Adult</b><br><i>Name &amp; Relationship</i> | <b>Address, Contact Information &amp; Best Time to Contact</b> |
| <b>Supportive Adult</b><br><i>Name &amp; Relationship</i> | <b>Address, Contact Information &amp; Best Time to Contact</b> |
| <b>Supportive Adult</b><br><i>Name &amp; Relationship</i> | <b>Address, Contact Information &amp; Best Time to Contact</b> |

### Why should I ask about this?

Informal, natural supports are critical for healthy development for children and families. Who does the family call during times of crisis? Also, these names will be important during a child welfare investigation should a removal be necessary. If the baby can be placed with family/kinship, they are more likely to reunify with their parent. Kinship placement can be less traumatic for the child and parents if safe caregivers are available.

### Tips/Tricks

- Only DCS can determine if a natural support or kinship member will be eligible as a responsible adult or out-of-home caregiver. Do not promise that a person will be considered.
- Supportive adults are important for the family regardless of if there is DCS involvement. Who can the parent call if they relapse? Who can they call in case of emergency to ensure the children are safe?
- Having numerous ways to contact the person will help the DCS investigator in exploring options for the family, including responsible adults under a safety plan or out-of-home kinship placement.

## Justice Systems & Child Welfare Involvement

|                                  |  |   |   |
|----------------------------------|--|---|---|
| <b>Current Court Involvement</b> | <input type="checkbox"/> Juvenile Court/Dependency<br><input type="checkbox"/> Juvenile Court/Guardianship<br><input type="checkbox"/> Family Court<br><input type="checkbox"/> Criminal Court<br><input type="checkbox"/> Other | <b>Court Case Number(s)</b>                           |   |
| <b>Upcoming Hearing Dates</b>    |  | <b>Current Probation or Incarceration</b>             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>Probation Officer Name</b>    |  | <b>Contact Information &amp; Best Time to Contact</b> |   |
| <b>DCS Specialist Name</b>       |  | <b>Contact Information &amp; Best Time to Contact</b> |   |
| <b>DCS Supervisor Name</b>       |  | <b>Contact Information &amp; Best Time to Contact</b> |   |
| <b>DCS Program Manager Name</b>  |  | <b>Contact Information &amp; Best Time to Contact</b> |   |

### Why should I ask about this?

Involvement with child welfare and other justice systems are important to identify, as they may involve additional resources, systems barriers, and other factors that should be considered for planning for the birth event. Contact information for those involved people and agencies will improve coordination of care and may be critical for decisions that will be made at the birth event. Coordination with all involved systems is recommended and should be encouraged. Releases of information will often be required, so talk with the parent about this and be transparent about why you want the information.

### Tips/Tricks

- Coordination before the birth event with involved stakeholders will make things less stressful for everyone at the time of birth.
- Contact information and times to contact will help facilitate sharing of information.
- If DCS is already involved with the family, encourage open conversation about the current case plan and DCS's plans for the new baby.

## Resource Referrals

| Information/ Education Provided                                     | Date Referred | Name of Provider | Notes |
|---|---------------|------------------|-------|
| <input type="checkbox"/> Home Visiting                              |               |                  |       |
| <input type="checkbox"/> NAS Education & Support Groups             |               |                  |       |
| <input type="checkbox"/> Parenting & Child Development              |               |                  |       |
| <input type="checkbox"/> Basic Needs Resources (Housing, Food, etc) |               |                  |       |
| <input type="checkbox"/> WIC  |               |                  |       |
| <input type="checkbox"/> Food Stamps                                |               |                  |       |

### Why should I ask about this?

Documenting referral information is important to avoid duplication and increase access to needed services for the family. This is crucial in coordinated care so duplicate referrals and confusion can be avoided. If a referral is declined, reflect that in the notes. Also, ensuring basic needs are met will increase the benefits the family will get from professional services.

### Tips/Tricks

- Whenever possible, support the family in making their own referrals—it's an opportunity to coach them on how to access services for themselves.
- Use a warm hand-off approach whenever possible. It will help avoid gaps in accessing services.
- Some referrals may need to be staggered to avoid overwhelming a family. Also, each family is unique and may respond differently to some services. Don't be afraid to come back to the referral later if the family isn't open or ready for the referral.

## Education & Knowledge

| Information/ Education Provided  | Date Provided | Name of Provider |
|--|---------------|------------------|
| <input type="checkbox"/> Danger Signs in Pregnancy                       |               |                  |
| <input type="checkbox"/> Postpartum Danger Signs                         |               |                  |
| <input type="checkbox"/> Preterm Labor                                   |               |                  |
| <input type="checkbox"/> Eating for Two                                  |               |                  |
| <input type="checkbox"/> Stress  |               |                  |
| <input type="checkbox"/> Safe Sleep                                      |               |                  |
| <input type="checkbox"/> Basic Infant Care (diapering, bathing, holding) |               |                  |
| <input type="checkbox"/> Neonatal Abstinence Syndrome                    |               |                  |
| <input type="checkbox"/> Skin to Skin                                    |               |                  |
| <input type="checkbox"/> Infant Feeding/Breastfeeding                    |               |                  |
| <input type="checkbox"/> Bonding with an Infant                          |               |                  |
| <input type="checkbox"/> What Do I Need for Baby?                        |               |                  |
| <input type="checkbox"/> Childbirth                                      |               |                  |
| <input type="checkbox"/> Car Seat Safety                                 |               |                  |
| <input type="checkbox"/> Second Hand Smoke                               |               |                  |
| <input type="checkbox"/> Building Baby's Brain                           |               |                  |
| <input type="checkbox"/> Well Child Visits                               |               |                  |
| <input type="checkbox"/> Vaccinations                                    |               |                  |
| <input type="checkbox"/> Dependency Courts 101                           |               |                  |
| <input type="checkbox"/> Dept of Child Safety Investigations Process     |               |                  |
| <input type="checkbox"/> Home Safety                                     |               |                  |
| <input type="checkbox"/> Other:  |               |                  |

### Why should I ask about this?

Documentation of the key education topics the parent has received will help in coordinating care as well as show the information that has been made available to the parent. It will be critical in a child welfare investigation to know what information has been offered and engaged in by the family and how prepared they may be for the baby's care. It can also increase outcomes for a healthy pregnancy, safe and healthy infant, and a responsive parent.

### Tips/Tricks

- Ask the parent about any services or information they may have accessed on their own, in addition to what you offer the family.
- Do not offer the education all at once—it will be less effective for the parent to remember. Take it at the family's pace to increase their ability to absorb the information.
- Check-in and ask the parent to repeat information to see what they recall and what they may need additional information.
- Trauma history and triggers of past stressful events can make it difficult for people to remember and learn new information, so don't be alarmed if you need to repeat information numerous times.



## Baby's Care Plan

### Insurance

**Plan Type**

- ☐ Private   ☐ Medicaid/AHCCCS  
☐ Emergency AHCCCS   ☐ TRICARE  
☐ Other

**Plan Name**

#### Why should I ask about this?

It is important for the parent to start anticipating the child's needs before he/she is born. Discussing the plan for insurance before the baby is born will help make the transition go more smoothly. If the parent hasn't developed a plan, work with them to decide what they would like the plan to be.

### Pediatric Care

**Pediatrician Name****Pediatric Clinic  
Address & Contact  
Information**

#### Why should I ask about this?

It is important for the parent to start anticipating the child's needs before he/she is born. The hospital will ask for the pediatrician's name before discharge and expect the parent to schedule a wellness visit within a few days from hospital discharge. Having this done before the birth event will reduce stress at the hospital. Having a plan ready should there be a child welfare investigation will also be critical information for an investigator to have to assess the child's safety and parental capacity.

#### Tips/Tricks

Some pediatricians will be more knowledgeable about prenatal substance exposure. It is important to help the family connect to a physician they can trust and be open about any substance exposure during the pregnancy to increase positive outcomes and knowledge by the pediatrician.

Most parents will be scared to talk about the substance exposure with the pediatrician—be positive and encourage open communication to improve the baby's long-term health.

Ask parents for feedback about the experience so you can refer new parents to pediatricians that understand this population.

### Planned Living Arrangements

**Safe Sleep  
Arrangement**

- ☐ Crib/bassinet  
☐ In room with parent  
☐ In room with sibling  
☐ Own room

**Home Address****Passed the Safe  
Sleep Checklist**

- ☐ Yes  
☐ No

**Date & Name of  
Provider**

#### Why should I ask about this?

The purpose of this section is to ensure parents are knowledgeable about safe sleep practices for their children and have living arrangements for the baby after the birth event. This provides an opportunity to share information about safe sleep and plan for sharing this information with anyone who might care for the baby (family, friend, child care, etc.). Babies born from this population are at increased risk of suffocation or death from unsafe sleep practices, so it is critical to address this with the family at a time where they will be more likely to absorb the information.

#### Tips/Tricks

- Frame safe sleep discussion around the idea of supporting the baby's health and wellness.
- Use the Safe Sleep Checklist and Pledge to Use Infant Safe Sleeping Practices to support your efforts.
- Resources and videos are available on the DCS Prevention website: <https://dcs.az.gov/services/safe-sleep>

## Child Care

**Provider/Family  
Name**

**Plan for Paying  
for Child Care**

☐ DCS Subsidy   ☐ First Things First  
☐ Family Support   ☐ Employment  
Income   ☐ Other

**Provider Address &  
Contact Information**

**Anticipated Child  
Care Schedule**

### Why should I ask about this?

After the child is born, will the family need child care to work or do other important tasks? If so, child care placement requires planning. There are often waiting lists and other considerations, so the earlier a plan can be made, the better. There also needs to be clear discussions about how the family will pay for child care, as it can be very expensive. Resources are available but require applications that take time to process.

### Tips/Tricks

Talk about safe sleep for the child care provider to practice.

Explore the values the family has around child care to find the right fit (in-home, center-based, family/friends, etc.).

If possible, go to several child care providers with the parent to help them find the right fit.

## Baby's Basic Needs

| Item Obtained               | Yes                      | No                       | Notes |
|-----------------------------|--------------------------|--------------------------|-------|
| Crib/safe sleep environment | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Car seat                    | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Diapers & wipes             | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Clothing                    | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Bottles & pacifiers         | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Baby sleepers               | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Other:                      | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Other:                      | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Other:                      | <input type="checkbox"/> | <input type="checkbox"/> |       |

### Why should I ask about this?

Helping the family prepare for the babies basic needs is important. Baby items can be expensive. Many families live on very little resources, so connecting them to community resources when needed will help ensure the family and baby have their basic needs met.

### Tips/Tricks

- There are numerous community resources available for baby items. Explore options with the family to find the resources in their area.
- Be sure to help the family access what may be needed, but be mindful of the family's response. Some baby items are nice but not necessary, and empowering the family to feel they can provide for their child on their own is important whenever possible.
- Help the family ask for the resources themselves whenever possible, as it may be a resource they may need in the future when professionals are not around to connect them.

## Disclosures

This section can be used to help you and the family keep track of who the Prenatal Family Care Plan has been shared with and improve overall care coordination. Encourage the family to bring this document to doctor's appointments and ask the office to sign or acknowledge receipt of the document.

[illegible]